

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS110AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/04/2011
NAME OF PROVIDER OR SUPPLIER HEALTH LIFE LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 5220 RANCHER AVE LAS VEGAS, NV 89108		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
Y 000	<p>Initial Comments</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of a required grading re-survey conducted in your facility on 1/4/11. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility received a re-survey grade of A.</p> <p>No deficiencies were identified. Please retain this statement for your records.</p>	Y 000			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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NAME OF PROVIDER OR SUPPLIER HEALTH LIFE LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 5220 RANCHER AVE LAS VEGAS, NV 89108		
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Y 000	<p>Initial Comments</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of a complaint investigation conducted in your facility from 8/30/10 to 9/15/10. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility is licensed for eight Residential Facility for Group beds which provide care to persons with Alzheimer's disease, Category II residents. The census at the time of the survey was eight. Two resident files were reviewed and four employee files were reviewed. One discharged resident file was reviewed.</p> <p>Complaint #NV00026286 was substantiated. See Tag Y850 and Y515. Additional regulatory deficiencies were identified and cited. See Tag Y072, Y088, Y103, Y105, Y106, Y108, Y621, Y895, Y923.</p> <p>The facility received a grade of D.</p> <p>The following deficiencies were identified:</p>	Y 000	1/25/11 AP/CAA	
Y 072 SS=E	<p>449.196(3) Qualifications of Caregiver-Med Training</p> <p>NAC 449.196</p> <p>3. If a caregiver assists a resident of a residential facility in the administration of any medication, including, without limitation, an over-the-counter medication or dietary supplement, the caregiver</p>	Y 072		

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(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

4Q4G11

If continuation sheet 1 of 10

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Y 088	Continued From page 2 This Regulation is not met as evidenced by: Based on record review and interview from 8/30/10 to 9/15/10, the administrator failed to maintain a monthly staffing schedule that needs to be retained for at least six months. (The most current staff schedule provided was from April 2010.) Severity: 1 Scope: 3	Y 088			
Y 103 SS=E	449.200(1)(d) Personnel File - NAC 441A / Tuberculosis NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee. This Regulation is not met as evidenced by: Based on record review from 8/30/10 to 9/15/10, the facility failed to ensure 1 of 4 employees complied with NAC 441A.375 regarding tuberculosis (TB) testing for the protection of all residents (Employee #3 failed to provide documentation of a current two-step TB test). This was a repeat deficiency from the 4/16/09 State Licensure survey. Severity: 2 Scope: 2	Y 103 <i>01-01-11</i>			

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Y 105 Y 105 SS=E	Continued From page 3 449.200(1)(f) Personnel File - Background Check NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. This Regulation is not met as evidenced by: Based on record review from 8/30/10 to 9/15/10, the facility failed to ensure 1 of 4 employees met background check requirements of NRS 449.176 to 449.188 (Employee #3 - the background check in the file was dated from 2004). Severity: 2 Scope: 2	Y 105 Y 105 <i>OK 11/4/11</i>			
Y 106 SS=E	449.200(2)(a) Personnel File - 1st aid & CPR NAC 449.200 2. The personnel file for a caregiver of a residential facility must include, in addition to the information required pursuant to subsection 1, (a) A certificate stating that the caregiver is currently certified to perform first aid and cardiopulmonary resuscitation. This Regulation is not met as evidenced by: Based on record review from 8/30/10 to 9/15/10,	Y 106 <i>OK 11/4/11</i>			

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Y 106	Continued From page 4 the facility failed to ensure that 1 of 4 caregivers were trained in first aid and cardiopulmonary resuscitation (Employee #3 - the first aid and cardiopulmonary resuscitation card in the file expired July of 2010). Severity: 2 Scope: 2	Y 106			
Y 108 SS=B	449.200(3) Per File - Storage & Availability NAC 449. 200 3. The administrator may keep the personnel files for the facility in a locked cabinet and may, except as otherwise provided in this subsection, restrict access to this cabinet by other employees of the facility. Copies of the documents which are evidence that an employee has been certified to perform first aid and cardiopulmonary resuscitation and that the employee has been tested for tuberculosis must be available for review at all times. The administrator shall make the personnel files available for inspection by the bureau within 72 hours after the bureau requests to review the files. This Regulation is not met as evidenced by: Based on record review and interview from 8/30/10 to 9/15/10, the facility failed to ensure	Y 108 <i>OK 10/11/10</i>			

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Y 108	Continued From page 5 caregiver tuberculosis records and proof of first aid and cardiopulmonary resuscitation training were available for review at all times for 1 of 4 employees (Employee #3). Severity: 1 Scope: 2	Y 108			
Y 515 SS=E	449.259(1)(a) Supervision of Residents NAC 449.259 1. A residential facility shall: (a) Provide each resident with protective supervision as necessary. This Regulation is not met as evidenced by: Based on record review and interview on from 8/30/10 to 9/15/10, the facility failed to ensure 2 of 9 sampled residents were provided protective supervision as necessary (Resident #1 and #6) to prevent falls. Severity: 2 Scope: 2	Y 515 <i>OK 1/14/11</i>			
Y 621 SS=D	449.2702(4)(b) Admission Policy NAC 449.2702 4. Except as otherwise provided in NAC 449.275 and 449.2754, a residential facility shall not admit or allow to remain in the facility any person who: (b) Requires restraint.	Y 621 <i>OK 1/14/11</i>			

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Y 621	Continued From page 6 This Regulation is not met as evidenced by: 6. As used in this section: (b) "Restraint" means: (1) A psychopharmacologic drug that is used for discipline or convenience and is not required to treat medical symptoms; (2) A manual method for restricting a resident's freedom of movement or his normal access to his body; or (3) A device or material or equipment which is attached to or adjacent to a resident's body that cannot be removed easily by the resident and restricts the resident's freedom of movement or his normal access to his body. Based on observation and interview from 8/30/10 to 9/15/10, the facility failed to ensure 1 of 8 residents (Resident #2) was not restrained with the use of full side bed rails. Severity: 2 Scope: 1	Y 621			
Y 850 SS=E	449.274(1)(a) Medical Care of Resident NAC 449.274 1. If a resident of a residential facility becomes ill or is injured, the resident's physician and a member of the resident's family must be notified at the onset of the illness or at the time of the injury. The facility shall: (a) Make all necessary arrangements to secure the services of a licensed physician to treat the resident if the resident's physician is not available.	Y 850 <i>[Signature]</i>			

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Y 895	Continued From page 8 This Regulation is not met as evidenced by: Based on interview and record review from 8/30/10 to 9/15/10, the facility failed to ensure the medication administration record (MAR) was accurate for 8 of 8 residents (Resident #2, #3, #4, #5, #6, #7, #8 and #9 - the August 2010 and September 2010 MARs were signed by Employee #1 exclusively. During an interview Employee #1 revealed Employee #2 and #3 had administered medications in both August and September 2010). Severity: 1 Scope: 3	Y 895			
Y 923 SS=F	449.2748(3)(b) Medication Container NAC 449.2748 3. Medication, including, without limitation, any over-the-counter medication or dietary supplement, must be: (b) Kept in its original container until it is administered. This Regulation is not met as evidenced by: Based on interview and observation from 8/30/10 to xxx, the facility failed to keep medications belonging to 8 of 8 residents in their original container (Resident #2, #3, #4, #5, #6,	Y 923			

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Y 923	Continued From page 9 #7, #8 and #9 - medications were observed pre-poured into pill minders in the cabinet next to the kitchen table). Severity: 2 Scope: 3	Y 923			

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